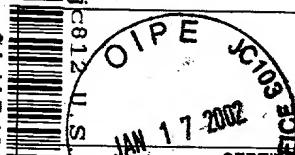


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on January 15, 2002 this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number EL 828125271US addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0180.0026

First Inventor: PENICHET

Title: ANTIBODY-AVIDIN FUSION PROTEINS AS CYTOTOXIC DRUGS

Commissioner of Patents
Box PATENT APPLICATION
Washington, D.C. 20231

jc872 U.S. PTO
10/051652
01/15/02

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 24]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 6]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$370.00		\$740.00
Total Claims	28 - 20 =	8	x \$ 9.00	72.00	x \$ 18.00	
Independent Claims	3 - 3 =	0	x \$ 42.00	0.00	x \$ 84.00	
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00	0.00	+ \$280.00	
			Total	442.00	Total	

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account No.

Charge any additional fees Required
Under 37 CFR 1.16 and 1.17

Deposit
Account Name

Applicant claims small entity status
37 CFR 1.27

 Payment Enclosed:

Check Credit Card Money Order Other

Respectfully submitted,

David J. Oldenkamp, Reg. 29,421

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Dated: January 15, 2002